

<input type="checkbox"/> PRECERT , THEN SCHEDULE Fax: 720-874-4401 <i>* Information below required for precertification assistance:</i> <i>* <input type="checkbox"/> Copy of Insurance Card (front/back) included</i> <i>* <input type="checkbox"/> Clinical Notes Included</i>	<input type="checkbox"/> CALL PATIENT TO SCHEDULE Fax: 720-874-4400 <i>Pre-cert authorization provided below:</i> Insurance Company: _____ Policy #: _____ Group #: _____ Insurance Auth: _____
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Preferred Site: ANY Highlands Ranch Centrum Swedish Medical Plaza Littleton Hampden Place Southwest Healthpark

Patient Name: _____	Patient Social Security #: _____
Date of Birth: _____	Phone: _____ Alt: _____
Referring Physician: _____	Office Contact: _____
Physician Signature: _____	Office Phone: _____

Diagnosis/Symptoms: _____ _____ _____	Prefer: <input type="checkbox"/> Inteleviewer <input type="checkbox"/> CD-ROM <input type="checkbox"/> Report Only <input type="checkbox"/> Films with Patient <input type="checkbox"/> Films via Courier
Exam Requested: <i>*Unless otherwise indicated, contrast will be given at radiologist's discretion.</i>	
<input type="checkbox"/> MRI _____ <input type="checkbox"/> with contrast <input type="checkbox"/> w/o contrast <input type="checkbox"/> with & without contrast <input type="checkbox"/> Radiologist's Discretion	<input type="checkbox"/> CT _____ <input type="checkbox"/> with contrast <input type="checkbox"/> w/o contrast <input type="checkbox"/> with & without contrast <input type="checkbox"/> Radiologists's Discretion
<input type="checkbox"/> Pain Mgmt _____ <input type="checkbox"/> Other/Special Instructions: _____	<input type="checkbox"/> Ultrasound _____ <input type="checkbox"/> NIVA <input type="checkbox"/> with doppler/duplex <input type="checkbox"/> doppler/duplex at Radiologist's discretion <input type="checkbox"/> X-Ray _____ <input type="checkbox"/> Hold Patient & Call Results <input type="checkbox"/> Release Patient & Call Results
* Please use PINK form to order mammograms, breast diagnostics or bone density exams with Invision Sally Jobe.	

<input type="checkbox"/> Notify Me of Appointment Time <input type="checkbox"/> by fax: _____ <input type="checkbox"/> by phone: _____ Appointment Date: _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	Pre-Auth Notes: _____ _____ _____ _____
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